

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) (Use as many sheets as necessary)	COMPLETE IF KNOWN	
	Application Number	To Be Assigned <u>10/821,360</u>
	Filing Date	Herewith
	First Named Inventor	Clyde H. Boyer
	Art Unit	Unknown <u>2636</u>
	Examiner Name	Unknown <u>Lam Pham</u>
Sheet 1 of	Attorney Docket No.	BOYZ 2 00018-1

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Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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	AR					
	AS					
	AT					

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published	T
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Examiner Signature	<u>LAM PHAM</u>	Date Considered	<u>4/5/05</u>
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